



Kentucky Transportation Cabinet
Division of Right of Way and Utilities

TC 62-58
09/2005

RENT CERTIFICATION

COUNTY	ITEM NO.	PARCEL	PROGRAM NO.	FEDERAL PROJECT NO.	
FOR CERTIFICATION BY OWNER OF PROPERTY FROM:					
SUBJECT RESIDENCE		REPLACEMENT RESIDENCE			
For certification by owner of property from which tenants are being displaced					
I certify that:					
Occupy a dwelling, unit, or site located at:					
They moved into this property:					
And pay monthly rent of:					
The average monthly utility costs for this property are:		ELECTRIC	GAS / OIL	WATER	SEWER
The monthly rent includes these utilities:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If displacee moves into a facility that provides items other than utilities (such as personal care assistance and food in nursing homes), an estimated breakdown of the monthly cost attributed to rent and utilities only must be attached to this form before a rent claim can be approved.</i>					
_____ Signature of Property Owner				_____ Date	